

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Of Prinspletius Pr	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 01/	/01/2015 Ending Date: 12/31/2015
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Mike Scully	Committee to Elect Mike Scully
Candidate Full Name (if applicable)	Committee Name
Planning Board	Robert D. Scully
Office Sought and District	Name of Committee Treasurer
65 North Main Street, North Grafton, MA 01536	65 North Main Street, North Grafton, MA 01536
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	143.97
Line 2: Total receipts this period (page 3, line 1  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, 1)	1) 100
Line 3: Subtotal (line 1 plus line 2)	243.97
Line 4: Total expenditures this period (page 5, 1	ine 14) 0
Line 5: Ending Balance (line 3 minus line 4)	243.97
(A)	
Line 6: Total in-kind contributions this period ()	page 6) 0
Line 7: Total (all) outstanding liabilities (page 7	7) 500
Line 8: Name of bank(s) used: Homefield Credit	Union
activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report  Candidate without Committee OR Candidate with independent activity filing  Legtify that I have examined this report including attached schedules and it is, to	the best of my knowledge and belief, a true and complete statement of all campaign period.  g separate report the best of my knowledge and belief, a true and complete statement of all campaign period.  g separate report the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ing period.  g separate report the best of my knowledge and belief, a true and complete statement of all campaign must, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: January 28, 2016
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#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
May 30, 2015	Robert Scully 262 Magill Drive Grafton, MA 01519	100	
Line 9: Total Rece	ipts over \$50 (or listed above)	100	
Line 10: Total Rece	eipts \$50 and under* (not listed above)	0	
Line 11: TOTAL RECEIPTS IN THE PERIOD 100			← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

# **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)		
	cipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.)  To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
		3.37.38.39.39.49.49.19.37.43.37.38.37.39.39.39.39.39.39.39.39.39.39.39.39.39.			
Constitution					
		Establish Strategy Control of the Co			
		Line 12: Total Expenditures ov	er \$50 (or listed above)		
Line 13: Total Expenditures \$50 and under* (not listed above)					
Line 13. Total Experientures \$30 and under (not listed above)					
	Enter on nage 1 line A →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD		

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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# **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Transaction desired				
The state of the s				
e de mandre de la companione de la compa				
			Ten	
<u> </u>		Line 12: Expenditures over \$50	0 (or listed above)	0
		Line 13: Expenditures \$50 and		0
Fernancia Control Cont				0
	Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD 0			

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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## **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Feb 25, 2012	Mike Scully	65 North Main Street Grafton, MA 01536	Advance to establish committee	500
			ANDING LIABILITIES (ALL)	500